

[Your business name]

[Street address, city, state ZIP]

[Phone] · [Email] · [Website]

[State contractor license #, if you do repair work that needs one]

INVOICE

Invoice # [0001]

Date [MM/DD/YYYY]

Due [MM/DD/YYYY]

Period [Month, or MM/DD – MM/DD]

BILL TO

[Customer name]

[Street address]

[City, state ZIP]

[Phone or email]

POOL

[In-ground / above-ground, gallons, filter type, salt or chlorine]

Service day: [day] — [dates this period]

Readings [date]: free chlorine [] ppm · pH [] · alkalinity [] ppm

DESCRIPTION	QTY	RATE	AMOUNT
Weekly service — [what each visit includes] [Visits this period × rate; dates in the pool block]			
Chemicals as used — [acid, chlorine, stabilizer] [Quantities — or “included” if your rate covers them]			
Filter clean — [cartridge / DE / sand backwash] [Quarterly or as needed]			
Repair — [what, when] [Labor]			
Part — [name, size, model]			
Opening / closing / green-to-clean [One-time service]			
Subtotal			
Sales tax / GST / VAT ([rate]%)			
Deposit received			
Balance due			

PAYMENT

[Due within [14] days. How to pay.]

NEXT VISIT

[Date; anything coming up — filter change, salt cell clean, equipment to watch.]